STATE OF VERMONT

SUPERIOR COURT **FAMILY DIVISION**

Unit **Docket No.**

Plaintiff	Date Of Birth		Defendant	Date Of Birth
		V.		

Defendant's Full Physical Address: _____

Name of person filing on behalf of child: _____ Date of Birth: _____

Affidavit in Support of Relief from Abuse Complaint for Child

In support of the claims made in my complaint, I state the following facts to be true and correct to the best of my knowledge and belief.

The most recent incident that causes me to ask for an order happened on _____ at
(date)
_____ in the town of _____, in the state of _____
(time)

When _____ did the following to the minor child named above:
(name)

_____

_____

(attach a separate sheet of paper if necessary)

Is the incident described above **the most serious incident i**nvolving the defendant? ☐ Yes ☐ No

If you answered NO:

The most serious incident that causes me to ask for an order happened on _____ at
(date)
_____ in the town of _____, in the state of _____.
(time)

Describe what happened below. *(Be specific. Where did it happen? Who else was there? Was a weapon involved?)*

_____

_____

_____

(attach a separate sheet of paper if necessary)

Other past incidents of serious violence or threats that support my request for an Order include:
(Be specific. For each incident, state: When and where it happened, who else was there, and details about any injuries resulting or weapons used.)

_____

_____

_____

_____

(attach a separate sheet of paper if necessary)

Do you feel that you are in immediate danger of further abuse from the defendant? ☐ Yes ☐ No
Do you believe that the defendant poses a danger to other children in the household? ☐ Yes ☐ No
If you answered YES to either questions, please explain why

_____
_____
_____
_____

Is there an existing order or a pending court proceeding involving you, the defendant and/or the child/ren name in the complaint?? ☐ Yes ☐ No
If YES, please fill in the information requested below:

Type of Proceeding	**Name of Case**	**Name of Court & State**	**Docket Number & Date Filed**
Divorce/Separation	_____	_____	_____
Civil Union	_____	_____	_____
Dissolution	_____	_____	_____
Parentage	_____	_____	_____
Relief from Abuse	_____	_____	_____
Stalking/Sexual Assault	_____	_____	_____
Criminal	_____	_____	_____
Probate Guardianship	_____	_____	_____
Juvenile	_____	_____	_____

WARNING
MAKING FALSE STATEMENTS IN THIS AFFIDAVIT IS A CRIME SUBJECT TO A TERM OF IMPRISONMENT OR A FINE, OR BOTH AS PROVIDED BY 13 V.S.A §2904

I swear or affirm that the facts set forth in this petition are true and correct to the best of my knowledge and belief.

Date: _____ Signature: _____

Printed Signature: _____

Signed and sworn to before me:

Date: _____

Expiration Date: _____ Signature of Notary: _____

NOTICE: This Affidavit will be served on Defendant with the Complaint for Relief from Abuse